

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000020351

Entity Name: EAT'S GOOD INC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

130 N.E. 4TH AVENUE
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

9155 NORTH COUNTY RD 13
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

130 N.E. 4TH AVENUE
DEERFIELD BEACH, FL 33441

New Mailing Address:

PO BOX 5032
DEERFIELD BEACH, FL 33442

FEI Number: 20-0672159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIRNUN, MORRIS A
130 N.E. 4TH AVENUE
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

GYORKOS, MYRIAM
130 N.E. 4TH AVENUE
DEERFIELD BEACH, FL 33441 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MYRIAM GYORKOS

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GYORKOS, MYRIAM
Address: 130 N.E. 4TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GYORKOS, MYRIAM
Address: 9155 NORTH COUNTY RD 13
City-St-Zip: ST AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRIAM GYORKOS

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date